

# Clay Madsen Recreation Center

## Personal Training Registration

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ @ \_\_\_\_\_  
Local Emergency Contact and Phone: \_\_\_\_\_

\_\_\_\_\_ 1 Personal training session and free consultation (each session is 1 hour).....\$30.00  
\_\_\_\_\_ 5 Personal training sessions and free consultation.....\$150.00  
\_\_\_\_\_ 10 Personal training sessions and free consultation.....\$280.00  
\_\_\_\_\_ 20 Personal training sessions and free consultation.....\$530.00

*Client Availability – Please indicate specific times you are available on each day*

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_

\*other times may be schedule with your trainer

### Personal Training Policies

Clients must be at least 16 years or older to participate in personal training. All minors must have a consent form signed by their parent or legal guardian. All consultations and personal training sessions must be pre-paid. Clients have the option of purchasing a packet of sessions or paying per session.

A personal training consultation includes talking with a personal trainer to set up a workout program for the client. A walk through of exercises may be included, if time permits. A consultation only lasts 30 minutes and is not a personal training session.

Clients may wait up to 3-5 days before receiving a call to schedule their first appointment due to the availability of our personal trainers. Please know we will do our best to contact you in a timely manner. Clients are expected to call the trainer back in a timely manner, 3 business days, for scheduling an appointment. If clients do not call back, it assumed by the trainer, the client does not want to schedule an appointment and all sessions may be forfeited.

Clients are expected to arrive on time for their scheduled appointment. If a client arrives late for their appointment, the client will only receive the rest of the hour scheduled. If a client arrives any later than 20 minutes for the scheduled appointment time, the personal training session is forfeited, and the client will have to contact the personal trainer to schedule their next appointment.

The client must contact the Program Coordinator-Fitness or Personal Trainer at least 24 hours in advance of the session to be cancelled. If the client does not contact any person listed above in the specified time period, the session will be forfeited and no refund/credit will be given.

Clay Madsen Recreation Center reserves the right to refuse service to any participant and reserves the right to request a letter from a physician from any participant. A \$5 administration fee per session will be applied to customer changes or cancellations.

By signing this form, I understand and hereby agree to the above policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

Date: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Staff: \_\_\_\_\_

**Clay Madsen Recreation Center – Personal Training  
Health History Questionnaire**

Please read each item carefully and circle YES or NO to each question

- YES   NO   Has your doctor ever said you have heart trouble?
- YES   NO   Have you ever been checked for possible heart trouble or high blood pressure?
- YES   NO   Do you have pains in your heart and/or chest?
- YES   NO   Do you have shortness of breath or wheezing?
- YES   NO   Do you often feel faint or have spells of dizziness?
- YES   NO   Has your doctor ever said your blood pressure was too high?
- YES   NO   Has your doctor ever told you that you have a bone or joint problem, such as arthritis?
- YES   NO   If you are female, are you pregnant?
- YES   NO   Do you smoke? If yes, number of packs per day?\_\_\_\_\_ Number of years smoking?\_\_\_\_\_
- YES   NO   If you are male, are you over the age of 45, and if you are female, are you over the age of 55?
- YES   NO   Do you currently experience a sedentary or physically inactive lifestyle?
- YES   NO   Is there a good reason not mentioned here why you should be cautious about an starting an exercise program? If yes, please explain.\_\_\_\_\_

Please list any current or past medical problems (former broken bones, chronic pain, surgeries, pain during exercise, sports injuries, etc.)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other than listed above, I have no knowledge of any physical disorder that might affect my enrollment and/or participation in a personal training program.

SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

Clay Madsen Recreation Center – Personal Training  
Fitness Inventory

What would you like to accomplish while working with a Personal Trainer

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Rate each goal with the number of importance using the scale below.

Extremely Important				Somewhat Important				Not at all Important	
1	2	3	4	5	6	7	8	9	10
_____ Weight loss				_____ Improve performance for a specific sport					
_____ Tone my body				_____ Improve flexibility					
_____ Feel better				_____ Increase strength					
_____ Increase energy level				_____ Improve cardiovascular fitness					
_____ Improve ability to cope with stress				_____ Enjoyment					

What types of exercise interest you? Please circle all that apply.

Swimming	Weight lifting	Walking	Running	Cycling	Basketball
Football	Tennis	Soccer	Rowing	Skiing	Skating
Group Exercise	Racquetball	Climbing	Canoeing		
Other: _____					

How much time are you willing to devote to an exercise program?

Days per week \_\_\_\_\_ Minutes per day \_\_\_\_\_

Please list any current activity you consider exercise and how often you engage in the activity.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle all meals included in your normal day.

Breakfast    Snack    Lunch    Snack    Dinner    Snack

Please list any vitamins and/or supplements you currently take. \_\_\_\_\_

\_\_\_\_\_

How do you spend the majority of your day?    Sitting    Standing    Walking    Other: \_\_\_\_\_

What is your current stress level?    Low    1    2    3    4    5    6    7    8    9    10    High

Clay Madsen Recreation Center  
Informed Consent and Waiver

I, \_\_\_\_\_, do hereby consent to participate in a personal training program that will include cardiovascular and/or weight training exercises.

I have been informed and understand physical exercise has been associated with certain risks, including but not limited to musculoskeletal injury, spinal injuries, abnormal blood pressure responses, and, in rare cases, heart attacks and death. Every effort will be made to minimize these risks.

Any information obtained regarding my fitness level and my progress will be treated as privileged and confidential and will not be released or revealed to any person other than my physician or the Program's Coordinator (for record keeping purposes) without my expressed written consent.

I have read and understand the foregoing consent to participation in said program. I am aware that I may discontinue participation in the program at any time that I see fit to do so. If at any time I have questions concerning the content, policies or procedures regarding the personal training program at the Clay Madsen Recreation Center, I will discuss these questions with my trainer or the Program Coordinator immediately.

In addition, I agree to the following:

- a) Assume all risk of injury and all risk of damage to or loss of property arising out of my participation in this program;
- b) Release, discharge, and waive any and all responsibility from the City of Round Rock, its departments, and all employees from and against any liability of injury, including death, and for damage or loss of property which may be suffered by the undersigned arising out of, or in any way connected with the participation in this program; and
- c) Indemnify and hold harmless the City of Round Rock, its departments, and all employees from and against all liability, claims, demands, actions, loss, and damage arising out of my participation in said personal training program.

Consenting Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_